



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

1. Committee I.D. Number		3. This Statement covers From: _____ To _____													
2. Committee Name		4. Committee's Mailing Address Area Code and Phone _____ If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.													
5. Treasurer's Name and Residential Address Area Code and Phone _____															
6. Treasurer's Business Address Area Code and Phone _____		7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____													
8. TYPE OF STATEMENT: APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE LEVEL</u> 8a. <u>TRIANNUAL STATEMENTS</u> <table border="0"><thead><tr><th><u>Even Year</u></th><th><u>Odd Year</u></th></tr></thead><tbody><tr><td>April 25</td><td>January 31</td></tr><tr><td>July 25</td><td>July 25</td></tr><tr><td>October 25</td><td>October 25</td></tr></tbody></table> 8b. <u>QUARTERLY STATEMENTS</u> CAUCUS COMMITTEES (ONLY) <table border="0"><tbody><tr><td><input type="checkbox"/> January 31</td><td>April 25</td></tr><tr><td>July 25</td><td>October 25</td></tr></tbody></table> 8c. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT		<u>Even Year</u>	<u>Odd Year</u>	April 25	January 31	July 25	July 25	October 25	October 25	<input type="checkbox"/> January 31	April 25	July 25	October 25	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>COUNTY LEVEL</u> 8d. ANNUAL STATEMENT (_____ Coverage Year) 8e. PRE-ELECTION OR 8f. POST-ELECTION Pre-Election or Post-Election Statement relates to: PRIMARY GENERAL CONVENTION SCHOOL SPECIAL CAUCUS Date of Election, Convention or Caucus: _____ APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <u>STATE AND COUNTY LEVEL</u> 8g. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended) 8h. DISSOLUTION OF COMMITTEE _____ Effective Date of Dissolution By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 2B and the Summary Page.	
<u>Even Year</u>	<u>Odd Year</u>														
April 25	January 31														
July 25	July 25														
October 25	October 25														
<input type="checkbox"/> January 31	April 25														
July 25	October 25														
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.															
9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.															
Current Treasurer or _____ Designated Record Keeper		_____ Signature													
Type or Print Name		Date _____													

INSTRUCTIONS FOR COMPLETING A CAMPAIGN STATEMENT COVER PAGE

- ITEM 3:** **CAMPAIGN STATEMENT COVERAGE PERIOD:** Enter the dates covered by this Campaign Statement.
- ITEM 4:** **COMMITTEE MAILING ADDRESS:** Enter the committee's mailing address and telephone number.
- ITEM 5:** **TREASURER'S NAME AND ADDRESS:** Enter the committee treasurer's full name, residential address and home phone number.
- ITEM 6:** **TREASURER'S BUSINESS ADDRESS:** Enter the committee treasurer's business address and phone number.
- ITEM 7:** **DESIGNATED RECORD KEEPER:** If the committee has a designated record keeper, enter his or her full name, mailing address and phone number
- ITEM 8:** **TYPE OF STATEMENT:** Indicate the type of Campaign Statement being filed by checking the appropriate box or boxes.
- ITEM 9:** **VERIFICATION:** The treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and that the contents of the statement are true, accurate and complete to the best of his or her knowledge and belief. Enter the treasurer's or the designated record keeper's name where indicated. The Cover Page must be signed and dated by the committee's treasurer or designated record keeper.